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FORM NO. 2

United States Bankruptcy Court Western District of Tennessee

In re	Jacqueline Long				Case No.		
		Debtor(s)			pter 13		
CHAPTER 13 PLAN (INDIVIDUAL ADJUSTMENT OF DEBTS)							
DEDT	OD(C).	*		S.S.#	xxx-xx-6266	:	
DEBT	OR(S):	(H) Jacqueline Lon	<u>'g</u>	S.S.#	XXX-XX-0200		
ADDR	ECC.	505 Chester Levee	Rd	3.3.#			
ADDK	Loo.	Jackson, TN 38301					
PLAN	PAYMENT:						
PAYR	OLL DEDUCTION:	OR () DIRECT PAY					
	BECAUSE:						
FIRST PAYMENT DATE:							
PLACI	E OF EMPLOYMENT:	Jackson Mad Co G	en Hospital				
ADMI	DMINISTRATIVE: Pay filing fee, Trustee's fee, and debtor's attorney fee, pursuant to Court Order.						
							MONTHLY
							PLAN PMT.
	UTO INSURANCE: () Not included in Plan () Included in Plan HILD SUPPORT: Future support through Plan to					\$_	-NONE-
CHILL	SUPPORT:	Future support through Plan to Child support arrearage amount				\$_	-NONE-
DDIOD	AITY CREDITORS:	-NONE-	age amount			\$_	-NONE-
PRIOR	III I CREDITORS:	-NONE-				φ_	-INOINE-
HOME	E MORTGAGE:	If no arrearage, ongo	oing payments are to	be paid directly by	the debtor(s).		
Region	ns Mortgage	Ongoing pmt. Begin		1 , ,		\$	547.00
		Approx. arrearage	5,308.29	Interest	<u></u> %	\$	88.00
	RED CREDITORS;		VALUE	RATE (MONTHLY
	en 11 U.S.C. Sec. 1325{a}{5})	-	OLLATERAL	INTERE			PLAN PMT.
	eritage	\$	2,416.57	1	0.00 %	\$_	60.00
Altima	nder Surrendering 2011	Nissan \$		-	%	\$_	
UNSE	CURED CREDITORS:	Absent a specific court	t order otherwise, all	claims, other than the	hose specifica	lly pro	vided for above,
		shall be paid as genera					
	uy;Drive Train;Ecast Settl						
Collection; GE Capital Retail Bank; Jackson Mad Co Gen Hospital; Jackson Mad Co Gen Hospital; Jackson Pathology Group							
PC;Jackson Radiology Associates;Jackson Radiology Associates;;JMCGH;JMCGH;Lane Bryant;Lens Crafters;Maurices;Pediatric Hospitalist;Premier Dental;Professional Anesthesia Associates;Republic Finance LLC							
#105;Republic Financial Bankruptcy Center;Sears;Women's Clinic; *Indicates the unsecured portion of a Secured Claim, the nonpriority portion of a Priority Claim, or an avoided Secured Claim.							
	IATED TOTAL UNSECU		•				
TERMINATION: Plan shall terminate upon payment of the above, approximately 60 months. The Balance of the student loan will survive discharge							
Jackson State College: \$848.62 10.00/ m							

*ADEQUATE PROTECTION PAYMENT WILL BE 1/4 (25%) OF PROPOSED CREDITOR MONTHLY PAYMENT. FAILURE TO FILE TIMELY WRITTEN OBJECTION TO CONFIRMATION WILL BE DEEMED ACCEPTANCE OF PLAN.

C. Jerome Teel, Jr. 016310 **DEBTOR'S ATTORNEY:**

Teel & Maroney, PLC **425 East Baltimore** Jackson, TN 38301

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